

**LAKE OF THE WOODS DISTRICT HOSPITAL**

21 Sylvan St. W. • Kenora • Ontario • Canada • P9N 3W7

Telephone: (807)468-9861 • Fax: (807)468-3939

**Information Access/Correction Request
Freedom of Information and Protection of Privacy Act (FIPPA)**

Note: This form is for a formal request for information under FIPPA and not a request for, or correction of, personal health or employment information. For personal health information contact Health Records and for personal employment information contact Human Resources.

Request for:

- ☐ Access to general records (non-personal information)
☐ Access to own personal information
☐ Access to other's personal information (attach authority)
☐ Correction of own personal information

Payment: A \$5.00 non-refundable application fee is required for all access requests. Other applicable search fees may also apply.

- ☐ \$5.00 cheque enclosed
☐ \$5.00 cash (in person only)

If request is for access to, or correction of, own personal information records:

Last name appearing on records: ☐ same as below or ►

Requester:

Last Name	First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.
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Address:

Street/ Apt. No./ P.O. Box

City or Town:

Province:

Postal Code

Telephone Number(s): Home/Cell:
(Area Code) - -

Work/Alternate Number:
(Area Code) - -

Detailed description of requested records or personal information records:

If you are requesting access to or correction of your personal information, please identify the personal information bank or records containing the personal information, if known. If you are requesting a correction of personal information, please indicate the desired correction. Attach a separate sheet if space is not sufficient.

Timeframe of search:

Records dated from _____ through to _____ or ☐ to date this request is received.

Preferred method of access to records:

- ☐ Examine Original
☐ Receive Copy

Signature:**Date:****For Lake of the Woods District Hospital Use Only**

Date Received

Request Number

Comments

Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to Lake of the Woods District Hospital, Freedom of Information Coordinator, c/o Administration, 21 Sylvan St. W., Kenora, ON P9N 4K3. Telephone 807-468-9861 Ext. 2230 E-mail admin@lwdh.on.ca